

COMPLAINT FORM

WINTER HAVEN CHRISTIAN CENTER, INC., D/B/A DOVE'S REST

INSTRUCTIONS: To expedite your complaint it is helpful if this form is legibly printed and each question answered fully. If available, attach supporting or clarifying documents and items pertaining to the issues listed in this complaint. Submit completed and signed form to Subdivision Manager's Office: 4925 Cypress Gardens Road, #130 Winter Haven, FL 33884

Name _____

Mailing Address _____

Unit No. _____

Home telephone number _____ - _____ - _____ Cell _____ - _____ - _____

E-mail address _____ @ _____

Complaint filed against _____ Cooperative _____ Unit Owner _____ Other

Against (Name) _____

(If Corporation/Cooperative list President) _____

List each issue. If possible, specify the provisions in the cooperative By Laws or Rules that have been violated. Attach additional pages, photos, or other applicable information as needed.

I hereby request the Dove's Rest Board of Directors and/or the Subdivision Manager review the violation(s) herein alleged. I understand that the cooperative may take action on this complaint pursuant to the provisions of Section 719.501, Florida Statutes. My signature below certifies the authenticity of this complaint.

Signature of Complainant

Date

Received by _____ Title _____ Date _____